

STANDARD (QUALITY) OF CARE  
SUMMARY OF REQUIRED PERFORMANCE INDICATORS, BENCHMARKS AND GHS RESULTS  
SUBMITTED  
December 28, 2012

**PROCESS OF CARE MEASURES**

Every quarter Grady Health Systems (GHS) submits data analyses that measure the frequency with which patients receive therapies that are recognized to be standard components of high quality care for specific conditions. These assessments are known as "Process of Care Measures." These indicators reflect whether or not the Grady Health System provides care according to accepted standards. The conditions that are evaluated are acute myocardial infarction (i.e. heart attack), heart failure, pneumonia, stroke, and surgical procedures. GHS also submits these data that are abstracted from medical records to the Center for Medicare and Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Although CMS is primarily responsible for administering the Medicare and Medicaid systems, this agency is also charged with collecting and analyzing information about the entire U.S. health care system. Therefore, the data sent to CMS by GHS includes information pertaining to care delivered to all patients regardless whether they are enrolled in programs managed by CMS (e.g. Medicare or Medicaid).

As noted in the table below, several of the measures previously used are no longer monitored by CMS. These are: smoking cessation for patients with heart failure and heart attack; pneumococcal vaccine administration in pneumonia; and the timing of antibiotic administration in pneumonia. Ongoing assessments of the smoking cessation measures found them to be inadequate to capture the quality of the counseling provided and more complex measures are being implemented. The vaccine measure was modified to include all adult vaccines, and the antibiotic-in- pneumonia indicator has been halted during 2012 because of the need to revise the methods used to calculate this measure. The stroke data are collected as part of a special registry so the smoking cessation is still available for that condition. Therefore, there were seven measures available for this report that GHS and Fulton County have agreed to evaluate.

The results from the most recent process of care data provided by GHS reveals that the required Fulton County benchmark was met on 6 of the 7 available indicators. The target was not met for *percentage of persons with a stroke who received anti-platelet therapy with aspirin and/or an anticoagulant*. The anti-thrombotic treatment level was higher than the previous quarter at 96%, but it did not meet the very ambitious goal of 97%.

Matthew McKenna, MD, MPH audited 30 records of care provided to patients admitted to GHS. Specifically, six records for admissions occurring during the first quarter of 2012 were randomly selected for each of the following 5 conditions:

- |                                |              |            |
|--------------------------------|--------------|------------|
| 1) Congestive Heart Failure    | 2) Pneumonia | 3) Surgery |
| 4) Acute Myocardial Infarction | 5) Stroke    |            |

Records from one patient with pneumonia did not have documentation that the patient received antibiotics within six hours of entering the emergency department.

PROCESS OF CARE MEASURES	Bench- mark <sup>a</sup>	QUARTER				MET TARGET
		2 <sup>nd</sup> 2011	3 <sup>rd</sup> 2011	4 <sup>th</sup> 2011	1 <sup>st</sup> 2012	
Congestive Heart Failure						
Percent of Congestive Heart Failure (CHF) patients' given smoking cessation advice/counseling	91%	100%	100%	100%	b	No Longer Monitored
Percent of patients with heart failure who also have left ventricular systolic dysfunction (LVSD) who were prescribed an angiotensin converting enzyme inhibitor (ACEI)	88%	97%	100%	100%	97%	Yes
Heart Attacks (Acute Myocardial Infarction)						
Percent of Acute Myocardial infarction (AMI) patients given aspirin at arrival	94%	100%	100%	100%	98%	Yes
Percent of AMI patients given a beta blocker at discharge	93%	98%	100%	100%	98%	Yes
Percent of AMI patients given smoking cessation advice/counseling	94%	100%	100%	100%	b	No Longer Monitored
Pneumonia						
Percent of Pneumonia patients assessed and given pneumococcal vaccine	81%	56%	46%	70%	b	No Longer Monitored
Percent of Pneumonia patients assessed and given initial antibiotic(s) within 6 hours of arrival	93%	88%	89%	93%	b	No Longer Monitored
Surgical Care Improvement Project (SC1P)						
Percent of patients who received a prophylactic antibiotic at the right time within 1 hour prior to surgical incision	86%	98%	98%	95%	100%	Yes
Percent of patients whose prophylactic antibiotics are discontinued at the right time within 24 hours after surgery end time	84%	86%	89%	93%	89%	Yes

<b>Stroke<sup>c</sup></b>	<b>Bench- mark</b>	<b>4<sup>th</sup> 2011</b>	<b>1<sup>st</sup> 2012</b>	<b>2<sup>nd</sup> 2012</b>	<b>3<sup>rd</sup> 2012</b>	
Percent of patients with ischemic, T1A, or hemorrhagic stroke given smoking cessation advice/counseling during hospital stay	96%	97%	74%	88%	97%	Yes
Percent of ischemic stroke patients discharged on antiplatelet therapy	97%	100%	98%	94%	96%	No

a Quarterly benchmark established by Fulton County.

b These measures were discontinued by the CMS for the reasons provided in the narrative.

c From a special study using different quarterly data collection methods, therefore the time frame is more contemporary than for the other conditions, and the smoking measure is retained.

## **PATIENT FLOW MEASURES**

At the end of each quarter, GHS submits data regarding patient flow. These measures include an average emergency room wait time and average length of stay for each person admitted. Average emergency room wait time represents the average total time the person is in the emergency room, from entrance to discharge from the emergency room either because they were sent home, or admitted to the hospital.

<b>PATIENT FLOW MEASURES</b>	<b>Benchmark</b>	<b>GHS Jul 2012</b>	<b>GHS Aug 2012</b>	<b>GHS Sep 2012</b>	<b>Target Met</b>
Average emergency room wait time (Hours)	7:50 Hours or less	8.1	8.6	8.5	No
Average length of stay after admission Days	6.5 Days or less	5.57	5.72	5.82	Yes

**ACCESS TO CARE MEASURES**

At the end of each quarter, GHS submits access to care measures. The third available appointment is the latest date at which a third follow-up appointment is available. It is a standard measure of clinic capacity.

The table below, details each outpatient clinic and the days until the next available appointment for new patients and established patients.  
Grady does have same day available walk-in appointments at the clinics.

[illegible]

## **CUSTOMER SERVICE/SATISFACTION MEASURES (Hospital Consumer Assessment of Healthcare Providers and Systems – HCAHPS)**

Each quarter GHS submits the results from a third party agent (Press-Ganey) that contacts patients after discharge to assess customer satisfaction. Results are sent directly from patients to a program within the Center for Medicare/Medicaid Services known as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS for analysis.

The table below provides these data for the one year period from the fourth quarter of 2011 through the third quarter of 2012. During this period GHS did not meet any of the required benchmarks as noted below for customer satisfaction.

<b>CUSTOMER SERVICE / SATISFACTION MEASURES</b>	<b>Bench- mark*</b>	<b>GHS IV Q 2011</b>	<b>GHS I Q 2012</b>	<b>GHS II Q 2012</b>	<b>GHS III Q 2012</b>	<b>Target Met</b>
Percent of patients who reported that their doctors always communicated well	85%	85%	80%	80%	81%	No
Percent of patients who reported that staff always explained about medicines before administering them	85%	64%	60%	61%	58%	No
Percent of patients who reported that their room and bathroom were always clean	85%	61%	58%	58%	62%	No
Percent of patients who reported that they were given information about what to do during their recovery at home	85%	73%	78%	79%	75%	No
Percent of patients who reported that they would definitely recommend the hospital	85%	61%	63%	64%	62%	No

\*Quarterly benchmark established by Fulton County.

## **CUSTOMER SERVICE/SATISFACTION MEASURES (Press-Ganey)**

Press Ganey also compiles an overall average score for all the participating patients. In addition to responding to the measures based on the frequency or likelihood of the individual characteristics (e.g. "always communicated"; or "definitely recommends") participating patients answer a series of questions rating their experiences as \*Very Good, Good, Fair, Poor\* and \*Very Poor." The answers are converted to numeric scores based on the scale below:

- Very Good = 100
- Good = 75
- Fair = 50
- Poor = 25
- Very Poor = 0

The average for all the scores from each participant is presented as a single, summary number representing the overall level of satisfaction on a scale from 0 to 100 for each of the items. These scores are also posted on the GHS web site (<http://www.gradyhealth.org/quality/PatientSatisfaction.html>). GHS and Fulton County have not established a target for these measures, but it is provided by GHS since it was adopted by the GHS Board of Directors to internally track their progress in this area.

The table below provides these data for the one year period from the fourth quarter of 2011 through the third quarter of 2012.

<b>CUSTOMER SERVICE / SATISFACTION MEASURES</b>	<b>GHS IV Q 2011</b>	<b>GHS I Q 2012</b>	<b>GHS II Q 2012</b>	<b>GHS III Q 2012</b>
Physician kept you informed	84%	82%	83%	84%
Nurses kept you informed	81%	79%	82%	81%
Room cleanliness	81%	80%	81%	80%
Instructions on care at home	81%	79%	79%	80%
Likelihood recommending hospital	83%	81%	82%	82%